
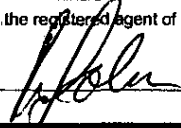
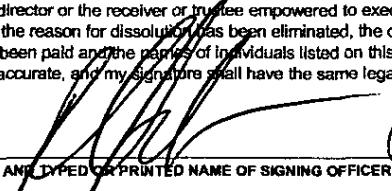


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT 02-03				FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 03 JAN -2 PM 3:03	
DOCUMENT # P00000000660							
1. Corporation Name Accu-Clean Group							
2. Principal Office Address 1703 W State Street Suite, Apt. #, etc.				3. Mailing Office Address PO Box 173556 Suite, Apt. #, etc.			
City & State Tampa, FL				City & State Tampa, FL			
Zip 33606		Country		Zip 33672-1556		Country	
4. Date Incorporated or Qualified To Do Business in Florida 1/4/2000						5. FEI Number 52-2193469	
						Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>						\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent							
Name Roger Solem							
Street Address (P.O. Box Number is Not Acceptable) 16430 Millstone Circle							
Suite, Apt. #, Etc. #106							
City Ft Myers						State FL	
						Zip Code 33908	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.							
Signature of Registered Agent 						Date 12/13/2002	
REGISTERED AGENT MUST SIGN							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip			
Pres	Roger Solem	16430 Millstone Circle #106		Ft. Myers, FL 33908			
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.							
SIGNATURE: 						12/13/2002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT						813 270399	
						Date	
						Daytime Phone #	

CR2E081 (9/01)

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Accu-Clean Group Inc.

For all your floor care needs

12/13/2002

Dept of State of Florida
Division of Corporations

Dear Sirs,

I was informed by my insurance agent renewing my workman's comp insurance that the corporation was not registered. Upon calling your office it was dissolved 10/04/2002.

The first I knew of this was yesterday when I received a certified letter from my insurance company. The address is PO Box 173556 Tampa, Fl 33672-1556 for Accu-Clean Group. Please check to see if this is the address you have. The other address would be 1703 W State Tampa, Fl 33606.

I enclosed a check for \$308.75 for 2002 + 2003 and a certificate fee of \$8.75.

I thank you for your understanding.

Sincerely yours,



Roger Solem